



**STATE OF CONNECTICUT  
Department of Emergency Services and Public Protection  
Division of Emergency Management and Homeland Security**

**URBAN SEARCH AND RESCUE  
CONNECTICUT TASK FORCE 1  
(CT-TF1)**

**269 Maxim Road  
Hartford, CT 06114**

Dear Applicant:

Thank you for your interest in becoming a member of the Connecticut Task Force 1 (CT-TF1). This Task Force is a volunteer Urban Search and Rescue Team (US&R) that is authorized by the State of Connecticut, Division of Emergency Management and Homeland Security within the Department of Emergency Services and Public Protection (DESPP/DEMHS).

It is the mission of Connecticut Task Force 1 to provide a coordinated effort of personnel and resources to locate, extricate and provide immediate medical treatment to victims trapped within collapsed structures. Collapsed structures may be a result of a natural or manmade disaster.

CT-TF1 conforms to US&R Operational Procedures that were developed by the Federal Emergency Management Agency (FEMA). The Task Force team consists of six (6) major functional components: Search, Rescue, Medical, Logistics, Planning, and HazMat, including associated supervisory positions. Monthly training drills are held to sharpen the skills of team members and to promote collaboration.

To be considered for a volunteer position, members of the CT-TF1 Selection Committee will review your written application and all accompanying required documents. Your application package will be assessed for skills, knowledge, training, certification and experience suitable to your prospective assignment on the Team. Should your background meet the requirements of the position for which you are seeking, you will be selected to interview with the Selection Committee. Applicants who pass the interview phase of the selection process will be invited to take the Critical Tasks and Fitness Standards ability test. Prior to taking the fitness test, the applicant must have their personal physician complete the Critical Tasks and Fitness Standards form to medically authorize participation in the test.

A background and reference investigation will be made on all applicants.

The applicant must pass all phases of the selection process and be at least 21 years of age for acceptance on the CT-TF1 Team.

Application documentation must be mailed via United States Postal Service, to:

Urban Search and Rescue State Coordinator  
269 Maxim Road  
Hartford, CT 06114

**STATE OF CONNECTICUT**  
**Department of Emergency Services and Public Protection**  
**Division of Emergency Management and Homeland Security**

**URBAN SEARCH AND RESCUE**  
**CONNECTICUT TASK FORCE 1**  
**(CT-TF1)**

**269 Maxim Road**  
**Hartford, CT 06114**

To be considered for a volunteer position on the CT-TF1 Team, the following required documentation must be submitted to the Urban Search and Rescue Administration:

- A completed and signed US&R Volunteer Application
- Signed Application (pp 4-7)
- Characteristics & Physical Ability forms (pp 8-9)
- Signed Physical Certification (p 10)
- Emergency Contact (p 11)
- Waiver (p 12)
- A signed Employer/Sponsoring Agency Memorandum of Understanding (pp 13-14)
- A resume
- A letter, no longer than 2 pages, describing your goals, interests, experiences and why you wish to be a CT-TF1 team member
- Three (3) letters of reference (one of which must be from a supervisor)
- Military record DD214, if applicable
- One applicant finger print card, (one green DPS 125C) This card must be completed by the Department of Public Safety or by a local Police Department
- A valid state motor vehicle operator license
- Current CPR/AED/First Aid certification. Member is required to keep certifications current on his/her own.
- Certificates, degrees, official transcripts related to the position for which you are seeking
- A signed Employer / Sponsoring Agency Memorandum of Understanding
- A signed US&R Law Enforcement Specialist Memorandum of Understanding, if applicable

Please use the above as a checklist for your application. **Incomplete applications will not be reviewed.**

**STATE OF CONNECTICUT**  
**Department of Emergency Services and Public Protection**  
**Division of Emergency Management and Homeland Security**

**URBAN SEARCH AND RESCUE**  
**CONNECTICUT TASK FORCE 1**  
**(CT-TF1)**  
**269 Maxim Road**  
**Hartford, CT 06114**

**MISSION STATEMENT**

It is the mission of the Urban Search and Rescue Team (US&R), Connecticut Task Force 1 (CT-TF1) to provide a coordinated effort of personnel and resources to locate, extricate and provide immediate medical treatment to victims trapped within collapsed structures.

To accomplish this mission, CT-TF1 members will develop and deploy efficient and effective rescue technologies in a planned and measured response that mirrors the Federal Emergency Management Agency's guidelines on Urban Search and Rescue and consistent with existing National Fire Protection Association Standards. Task Force capabilities will include rapid mobilization to assist in natural or manmade disasters.

Members of CT-TF1 will conduct search and rescue operations in a professional, ethical, and compassionate manner that will protect the dignity of the victims and the communities served.

Members of CT-TF1 will develop and maintain the highest level of skills and capabilities required when deployed to natural or manmade disasters, including hurricanes, floods, conflagrations, explosions, earthquakes, or the use of weapons of mass destruction that result in events that are beyond the capability of local emergency service resources.

**STATE OF CONNECTICUT**  
**Department of Emergency Services and Public Protection**  
**Division of Emergency Management and Homeland Security**

**URBAN SEARCH AND RESCUE**  
**CONNECTICUT TASK FORCE 1**  
**(CT-TF1)**  
**269 Maxim Road**  
**Hartford, CT 06114**

**CT-TF1 Team Application**

**APPLICATION:**

--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

**INSTRUCTIONS:** Type or print answers to ALL questions. **Applications will not be accepted if not complete.**

**CT-TF1 Position Applying For:**

You may list up to three positions in descending order of preference.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date of Application:	Name: (Last) (First)	(MI)	Suffix: (Jr., Dr.)				
Address: (Number and Street)							
City:		State:	Zip Code: (Last 4 digits are optional)				
Area Code: Home Phone Number:	Area Code: Business Phone Number:		Extension:				
Area Code: Cell Phone Number:	E-mail Address:						
<b>(Please list Best Contact Number)</b>							
May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If CDL, what class and endorsement) Drivers License Yes No						
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12							
SCHOOL  COLLEGE OR UNIVERSITY List any college courses attended	NAME	ADDRESS	DATES ATTENDED FROM TO	CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?

**Applicant Name:** \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Beginning with your present to most recent employment, volunteer and or community experience and working backward to include 10 years of experience; or your last 3 places of employment if less than 10 years.

Official Job title (Start with most recent job)		Company Name		Type of Business	
Title of Immediate Supervisor		Dept. where Assigned		Business Address / Phone No.	
Employed From: (mo.) (yr.)	To: (mo.) (yr.)	Total (yrs. mos.)	Is this your full-time employment?	Hours Per Week (Full-time)   (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving		
DUTIES (must be listed)					
Official Job title		Company Name		Type of Business	
Title of Immediate Supervisor		Dept. where Assigned		Business Address / Phone No.	
Employed From: (mo.) (yr.)	To: (mo.) (yr.)	Total (yrs. mos.)	Is this your full-time employment?	Hours Per Week (Full time)   (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving		
DUTIES (must be listed)					
Official Job title		Company Name		Type of Business	
Title of Immediate Supervisor		Dept. where Assigned		Business Address / Phone No.	
Employed From: (mo.) (yr.)	To: (mo.) (yr.)	Total (yrs. mos.)	Is this your full-time employment?	Hours Per Week (Full time)   (Part-time)	
No. and Titles of Employees Supervised by You			Reason for Leaving		
DUTIES (must be listed)					

**Applicant Name:** \_\_\_\_\_

**MILITARY EXPERIENCE:** (Please attach additional service if not enough space is provided.)

Branch of Service: (Position, Title, Rank)	Date (s): From: To:
Duties:	
Branch of Service: (Position, Title, Rank)	Date (s): From: To:
Duties:	

**IMPORTANT:** Proof of Military Service (DD214) and other relevant information must be submitted with this application.

- Were you Honorably Discharged? Yes  No

**SPECIAL QUALIFICATIONS:**

<i>Medical Qualifications (MD, RN, Paramedic, EMT, etc.) Registration No.:</i> _____
<i>Special Equipment Licenses (describe lic. no., expiration dates, etc.)</i>
<i>Medical First Responder Training (list date of last training and certification, who provided it)</i>
<i>Amateur/Commercial Radio Licensing (provide call sign and license class)</i>
<i>Other Professional Licenses: (describe)</i>

**OTHER QUALIFICATIONS: (check applicable box)**

<input type="checkbox"/> 1st Responder / HAZMAT	<input type="checkbox"/> Search Operations	<input type="checkbox"/> ISD Training
<input type="checkbox"/> Basic Firefighter (NFPA1001)	<input type="checkbox"/> Canine Operations	<input type="checkbox"/> Construction Equipment Operator
<input type="checkbox"/> Rope Rescue	<input type="checkbox"/> Construction Techniques	<input type="checkbox"/> Rigging, welding, cutting
<input type="checkbox"/> Confined Space Rescue	<input type="checkbox"/> Military Experience	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Shoring / Stabilizing	<input type="checkbox"/> Military Aircraft Experience	<input type="checkbox"/> Supervisory Experience
<input type="checkbox"/> Use of Rescue Tools (specify)	<input type="checkbox"/> Incident Command Training (ICS)	<input type="checkbox"/> Swift Water Rescue
<input type="checkbox"/> Boating	<i>(Describe any training and experience checked above)</i>	<input type="checkbox"/> Languages other than English (please list)

**Applicant Name:** \_\_\_\_\_

**Are you at least 21 years of age?**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

**Are you a U.S. Citizen?**    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_    **If "No", state your status and provide documentation:**  
\_\_\_\_\_

**CRIMINAL CONVICTIONS:** Answers to the following question will be considered for examination / employment purposes if relevant to the position / exam for which you are applying.

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law)

Yes     No

If "YES", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

**Special Note:** You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

• **Certification:**

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualifications and removal from the Urban Search and Rescue Team, and to such other penalties as may be prescribed by law. All statements made on this application, including employment information, are subject to verification.

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**

**STATE OF CONNECTICUT**  
**Department of Emergency Services and Public Protection**  
**Division of Emergency Management and Homeland Security**

**URBAN SEARCH AND RESCUE**  
**CONNECTICUT TASK FORCE 1**  
**(CT-TF1)**  
**269 Maxim Road**  
**Hartford, CT 06114**

**Characteristics of Urban Search and Rescue Operations:**

Structural collapse and rescue operations are performed in very dangerous and physically demanding environments. Personnel involved in Search and Rescue operations must possess the stamina necessary to safely and effectively carry out sustained operations over many hours, often without sleep or sufficient relief.

For CT-TF1 personnel to safely and effectively perform the duties and missions assigned to the Task Force, each member must be relied on to be able to perform sustained physical tasks under difficult and dangerous conditions.

CT-TF1 personnel must possess sufficient upper body strength to transport, handle and operate heavy tools and equipment. Each member of CT-TF1 who enters a collapsed building must be capable of:

1. Negotiating rubble piles and uneven surfaces
2. Working in confined spaces
3. Climbing ladders and working at various heights
4. Quickly exiting void spaces to escape dangers associated with the secondary collapse of a structure
5. Interaction with possible live or deceased victims

All members of CT-TF1 are required to be physically and medically capable of performing various search and rescue tasks. Task performance abilities and individual conformance to mandatory physical standards will be tested annually. Determinations regarding any CT-TF1 member's fitness for duty must consider the member's ability to perform any and all of the critical tasks in a safe and efficient manner without risking harm to the Team member, other Team members and to the public.

Please ask your physician to review the following critical tasks listed on the following pages and to check the applicable box for each critical task and to certify the results.

A check in the "Yes, without Limitations" column indicates that the physician believes that the applicant is medically capable of performing the task or requirement described;

A check in the "Yes, with Limitations" column indicates the physician believes that the applicant is medically capable of performing the task or requirement described, but with some limitations. This box should also be checked whenever the applicant has a condition that is controlled by medication;

A check in the "No" column indicates the physician believes that the applicant is medically or physically incapable of performing the task or requirement described in a safe or efficient manner due to a medical or physical condition.



Applicant Name: \_\_\_\_\_

### Physical Ability Questionnaire

#### CT-TF1 Critical Tasks and Fitness Standards *(To be completed by the applicant's physician only)*

Condition or Task Described <i>(check the appropriate box to the right)</i>	Yes, Without Limitations	Yes, With Limitations	No
Must be able to function in stressful environments without presenting a significant likelihood of harm to self or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to crawl through a 20' long, 22" in diameter tube, then reverse direction and crawl backward 20' to the starting point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to pick up a box or similar object with a gross weight of 50 pounds and carry it 200' and then back another 200' over a smooth and level concrete or asphalt surface without putting the box down or dropping it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to remove a 48 pound hydraulic rescue tool from the lift gate of a truck, set the tool on the ground, then return the tool to its position, alternatively from the ground to the vehicle bed and back to the ground, 10 times within a two-minute test period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to walk the length of an elevated, 12' long, 4" wide beam without stepping off or falling from the beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to push, pull, lift and possess the necessary ability, leverage and balance to attempt rescue of Team members or collapsed structure victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to lift, hold, carry, leverage, balance and possess the endurance to move a Team member or collapsed structure victim who cannot move or assist with their removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must possess stamina, strength, balance, endurance, leverage and upper and lower body strength to take the actions necessary to effect a rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must possess the ability to be trained in the use of heavy hydraulic tools, i.e., possess sufficient grip strength, upper body strength, and good wrist, hand or elbow dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to walk, for long periods of time over long distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to climb over or jump over obstacles during emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to crawl under or over obstructions and into confined areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to balance on uneven or narrow surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must have good visual acuity, good peripheral vision, and good depth perception both during daylight hours or in darkness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to perform each task listed above during all weather conditions and in adverse and physically hazardous conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must be able to climb a 35' ladder, touch the top rung and then descend to the floor without stopping or resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant Name:** \_\_\_\_\_

### Physician's Certification

**On the date listed below, I have:**

Reviewed the medical records of this applicant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personally examined this applicant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant is drug free:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please check one of the following boxes:**

- I certify that, in my professional judgment, I am not aware of any medical reason or condition that would cause this applicant to not be able to perform the critical tasks and physical standards listed on this form. Furthermore, this applicant should be able to physically perform these tests without limitations and without posing an unreasonable risk of harm to the applicant or to other persons.
- I certify that, in my professional judgment, this applicant cannot perform one or more of the listed critical tasks or does not conform to all of the physical standards listed on this form.

**Other instructions to Physician:**

If you checked Box # 2 above, please explain in the space provided below.

If you checked any box of the CT-TF1 Critical Tasks and Fitness Standards on the previous page in either the **“Yes, with Limitations”** column or in the **“No”** column on this form, please explain your reason for doing so in the space provided below. Describe any reasonable accommodations that you believe can be made to permit this applicant to be able to perform the tasks required or to be able to substantially conform to the standards required. Attach further documentation to this form as required.

**Physician's Notes and Comments:**

<b>Name of Physician (please print)</b>	<b>Date</b>
<b>Signature of Certifying Physician</b>	<b>Telephone No.</b>
<b>Business Address (street, city or town, ZIP code)</b>	

**STATE OF CONNECTICUT**  
**Department of Emergency Services and Public Protection**  
**Division of Emergency Management and Homeland Security**

**URBAN SEARCH AND RESCUE**  
**CONNECTICUT TASK FORCE 1**  
**(CT-TF1)**  
**269 Maxim Road**  
**Hartford, CT 06114**

**Applicant Name:** \_\_\_\_\_

**Person to Notify In Case of an Emergency:**

<b>Name:</b>	<b>Relationship:</b>
<b>Address: (street, city or town, state, ZIP code)</b>	
<b>Cell Phone: (include area code)</b>	
<b>Home Telephone: (include area code)</b>	<b>Work Telephone: (include area code)</b>

**STATE OF CONNECTICUT**  
**Department of Emergency Services and Public Protection**  
**Division of Emergency Management and Homeland Security**

**URBAN SEARCH AND RESCUE**  
**CONNECTICUT TASK FORCE 1**  
**(CT-TF1)**

**269 Maxim Road**  
**Hartford, CT 06114**

**AUTHORIZATION TO RELEASE INFORMATION**  
**AND WAIVER**

Full Name: \_\_\_\_\_

Any Other Names by Which I Have Been/Are Known: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

To Whom It May Concern:

As an applicant for a position with the Division of Emergency Management and Homeland Security, Urban Search and Rescue, Connecticut Task Force 1, I am required to furnish information for use in determining my qualifications, moral character, honesty, and suitability. I hereby request and authorize the full disclosure of any and all records, files, reports, notes, opinions or any other information you may have concerning me, in any format whatsoever, including information of a confidential nature, to an authorized investigator or agent of the Department of Emergency Services and Public Protection/Division of Emergency Management and Homeland Security, Urban Search and Rescue, Connecticut Task Force 1, or other designated agents including but not limited to any law enforcement agency. This includes, but is not limited to, the release of all employment files or records, performance evaluations, disciplinary records, background investigation files, polygraph reports, psychological reports, medical records, any and all internal affairs investigations, complaints or grievances filed by or against me, training files, educational or school records and transcripts, financial records, credit history, driving history, military records, arrest or criminal records including any investigative files or reports, detention reports, field intelligence reports, booking information, court records, probation reports, and/or traffic citations. This release includes photocopies or duplicates of the above material or documents if requested by the Division of Emergency Management and Homeland Security, Urban Search and Rescue, Connecticut Task Force 1.

A photocopy or an electronic facsimile of this signed authorization form is to be considered as valid as an original. This authorization and waiver is valid for a period of two (2) years from the date of signature.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part; upon this release authorization will be considered in determining my suitability for volunteerism with the Division of Emergency Management and Homeland Security, Urban Search and Rescue, Connecticut Task Force 1.

I hereby release you, your organization, its representatives, agents and employees, and DESPP/DEMHS, its representatives, agents and employees from any and all liability whatsoever and/or damages which may result from furnishing the above information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**  
**DIVISION OF EMERGENCY MANAGEMENT AND HOMELAND SECURITY**

**CT DIVISION OF EMERGENCY MANAGEMENT AND HOMELAND  
SECURITY**  
**URBAN SEARCH AND RESCUE TEAM**  
**TASK FORCE MEMBER AGREEMENT**

As a member of the Connecticut Urban Search and Rescue Task Force (CT-TF1) (“Task Force”), I \_\_\_\_\_ understand and accept the following rules and responsibilities:

1. I am a volunteer with the CT Task Force 1. This means that I do not expect to receive compensation from the State of Connecticut for my participation in Task Force activities, except as may be provided for under Connecticut General Statutes Title 28.
2. I am expected to successfully carry out the duties required of me. I will attend scheduled training meetings and exercises, as described in the Task Force Attendance Policy. I understand that, if I cannot attend a particular meeting or exercise, I must provide a valid excuse to my Task Force Leader prior to the event. If I am unable to provide a valid excuse, or meet the requirements set forth in the Task Force Attendance Policy, in a calendar year, I understand that the Deputy Commissioner of the Division of Emergency Management and Homeland Security (DEMHS), upon the recommendation of the DEMHS State Emergency Management Director, after consultation with the Urban Search and Rescue (USAR) State Coordinator and my Task Force Leader, may, at his or her discretion, terminate my membership with the Task Force. The USAR State Coordinator, in consultation with the Task Force Leader, shall determine the validity of any excuse.
3. I must submit to such physical examinations or testing as DEMHS, in consultation with the USAR State Coordinator and the Task Force Leaders, may determine are necessary for the performance of the duties that will be expected of me as a member of the Task Force.
4. My behavior and actions at all times must reflect the commitment and demeanor of a member of a public safety force, including a high level of skill, tactfulness, good judgment and the ability to work well with others. Therefore, I understand that I may be terminated from the Task Force if in the judgment of the Deputy Commissioner of DEMHS, based upon evidence presented to the DEMHS State Emergency Management Director by the USAR State Coordinator and/or the Task Force Leader, my conduct does not meet the standards required of a USAR Team member, including but not limited to conduct that indicates I may be a safety or security risk to one or more Task Force members or to any member of the public.

5. My membership in the Task Force carries with it no right to tenure with the Task Force, and does not guarantee my right to continue with any task assigned to me, once I am relieved from duty. If, at any time, the USAR State Coordinator, the Task Force Leader or a designee of the Task Force Leader determines that I must be relieved of my duties, I will accept that decision without protest and will remove myself from the scene. I understand that I may thereafter contact the DEMHS State Emergency Management Director.
6. I understand that in the event of a state or national emergency, I may be activated for a Task Force deployment for a period of up to fourteen (14) days, with the possibility of longer deployment depending on the severity and extent of the state or national emergency, and may be entitled to compensation for such deployment, as outlined in Connecticut General Statutes §28-6(b).
7. I understand that as a member of the Task Force, I am considered a member of the civil preparedness forces as that term is defined and used in Title 28 of Connecticut General Statutes, while I am engaged in authorized civil preparedness duty or while I am assisting or engaging in authorized training, for the purpose of eligibility for immunity from liability as provided in Conn. Gen. Stat. Section 28-13, and for death, disability and injury benefits as provided in Conn. Gen. Stat. Section 28-14. (See the attached Annex regarding Title 28).
8. My signature below certifies that I have read and understood this document, and have been afforded the opportunity to ask any questions before signing.
9. I understand that this agreement will be reviewed and renewed on or before August 1<sup>st</sup> of each year.

PRINTED NAME OF TASK FORCE MEMBER:

\_\_\_\_\_

SIGNATURE OF MEMBER:\_\_\_\_\_

DATED:\_\_\_\_\_

I represent the employer of this Task Force Member. As the agent of his/her employer, I understand and agree with the rights and responsibilities described above and support this individual's membership on the Task Force.

PRINTED NAME OF TASK FORCE MEMBER'S EMPLOYER AND/OR EMPLOYER'S REPRESENTATIVE:

\_\_\_\_\_

SIGNATURE OF EMPLOYER REPRESENTATIVE:

\_\_\_\_\_

DATED:\_\_\_\_\_

## ANNEX A: SELECTED TITLE 28 PROVISIONS

NOTE: The following discussion is meant to provide informal guidance regarding the application of certain Title 28 provisions to members of the Task Force: it does not constitute a formal legal opinion.

### USAR Task Force Members are Covered by the Immunity and Death and Disability Benefits Provisions of Title 28 While Engaged in Authorized Duty or Training.

Under Connecticut General Statutes §28-1(5), the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Emergency Services and Public Protection/Division of Emergency Management and Homeland Security (DESPP/DEMHS), is considered to be a “civil preparedness force.” This means that the Task Force’s members “shall be construed to be a part of the civil preparedness forces while engaging in authorized civil preparedness duty or while assisting or engaging in authorized training for the purpose of eligibility for immunity from liability as provided in Conn. Gen. Stat. §28-13, and for death, disability and injury benefits as provided in Conn. Gen. Stat. §28-14.” Under §28-1(5), any member of the Task Force who is called upon either by civil preparedness personnel or state or municipal police personnel to assist in any emergency shall be deemed to be engaging in civil preparedness duty while assisting in such emergency or while engaged in training under the auspices of DESPP, including DEMHS and the Division of State Police, or a municipal police department, for the purpose of eligibility for death, disability and injury benefits provided in Conn. Gen. Stat. §28-14.

### Review of the Compensation Benefits for Death, Disability or Injury.

If a Task Force member is injured while on authorized Task Force training or duty, he or she is entitled to the following benefits under Conn. Gen. Stat. §28-14:

--§28-14(a)(1) covers the benefits due to “employees of the state, municipalities or political subdivisions of the state who are members of civil preparedness forces and for whom such compensation is provided by any provisions of existing law.” These individuals are construed to be acting within the scope of their employment while in training for or engaged in civil preparedness duties and shall be compensated in accordance with the provisions of chapter 568 (workers compensation), §5-142 (disability compensation and death benefits), or any special act concerning compensation to certain employees. Regular police officers or firefighters who are members of the State Police Association or the State Firemen’s Association shall be construed to be acting within the scope of their employment while in training for or engaged in civil preparedness duties and shall be entitled to all the benefits as members of that association.

--§28-14(a)(2) covers the benefits due to “any persons who are engaged in regular employment apart and separate from their duties as members of civil preparedness forces and for whom such compensation is not so provided.” While in training for or engaged in civil preparedness duty under Title 28, these individuals are construed to be state employees for purposes of Chapter 568 (workers compensation) and §5-142 (disability compensation and death benefits), and shall be compensated

by the state in accordance with those statutory provisions. §28-14(a)(2) goes on to present the formulas by which a person's compensation will be determined, depending on their wages and type of work over the previous 26 weeks prior to the injury.

--§28-14(a)(3) covers the benefits due to any member of the civil preparedness forces not covered in (a)(1) or (a)(2), above. This type of individual, or his dependents in the event of his death, "shall be compensated by the state in such amount as is determined to be just and reasonable by the compensation commissioner for the district in which the civil preparedness force member resides or resided," provided the claim is made in writing within one year from the date of injury or death.

#### Reimbursement by State to Municipality for Death or Injury Benefits Paid to Task Force Member for Title 28 Duty.

In the event that a Task Force member who is an employee of a municipality--and who is ordered to duty as a member of a mobile support unit by the Governor or the Commissioner of DESPP-- is injured or killed, "the state shall reimburse [the] political subdivision for the compensation paid and actual and necessary travel, subsistence and maintenance expenses of employees of the political subdivision while ordered to duty under this section as members of a mobile support unit, and for all payments for death, disability or injury of such employees incurred in the course of such duty, and for all losses of or damage to supplies and equipment of such political subdivisions used by such mobile support units." See Conn. Gen. Stat. §28-6.

Under Conn. Gen. Stat. §28-1(6), a "mobile support unit" means an organization of civil preparedness forces created in accordance with the provisions of Title 28 to be dispatched by the Governor or the Commissioner of DESPP to supplement civil preparedness forces in a threatened or stricken area.

#### Immunity from Liability.

Under Conn. Gen. Stat. §28-13, neither a municipality, nor (except in cases of willful misconduct) any Task Force member complying with or attempting to comply with the provisions of Title 28 or performing certain listed related activities, shall be "liable for the death of or injury to persons or for damage to property as a result of such activity." The Attorney General shall appear for, and defend, a municipality or a Task Force member in any civil action brought for the death of or injury to persons or for damage to property as a result of any civil preparedness activity.